The Hampden Hippocrat

MARCH 1970

Old State House

LEGISLATIVE ISSUE

HAMPDEN DISTRICT MEDICAL SOCIETY

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THE HAMPDEN HIPPOCRAT

A bulletin for
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The Massachusetts
Medical Society

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A NEW CROP

by

James D. Allan, M.D.

HDMS Legislative Councilor

Your committee on legislation has been active at all levels of government and there are indications that a line of communication with our legislators does exist. This is most important because they have personally requested that the individual physicians should express their views openly and frequently so that you will be properly represented. Rest assured that your committee will continue to support or oppose the public welfare in the Commonwealth as well as the rest of the country. If you happen to have a legislator for a neighbor, make his acquaintance and you might even consider supporting him at election time. There is a general feeling among the legislators that they receive very little support from the medical profession and I suspect this to be true. Remember, your Society cannot legally donate to a candidate's campaign, but *you can* as a good citizen. Sometime in September or October, I'll try to bring you up to date on the voting records of the legislators representing our district.

The Committee on National and State legislation of the MMS has screened all of the bills filed this year and deliberated upon some 97 bills which pertained to health or medical practice. The Council has voted to support 41, oppose 16 and take no action on 40. A breakdown, including a brief description, is presented with this issue of the *Hippocrat.*

There were eight bills concerning drugs and we continue to oppose compulsory generic prescribing, but favor prescription labels which identify the drug unless restricted by the physician.

In the field of public health, we supported 5 out of the 25 studied. There were some we could support in principle; however, portions were unacceptable and either they were opposed or no action was taken. Your lobbyist, Attorney Charles Dunn, attended our meeting and will indicate support if they are amended. We, of course, cannot actually amend any bills.

Various bills scheduled for the Committee on Safety receive our endorsement, including 2 measures to provide for safer eyeglasses and sunglasses. Once again, we are supporting the Registrar of Motor Vehicles in establishing a medical advisory board as well as a measure to improve emergency ambulance services.

The most significant bill in mental health is S1101 to establish a Board of Registration of Psychologists. This we support, but there is one paragraph in Section 108 of this lengthy bill to which we are opposed. Our counsel will try to have this stricken from the bill before it becomes law.

There are 21 bills in the medicolegal area and several are quite important. H2884 was submitted by the MMS to prevent a claimant from getting his accusations before the court and, therefore, in the news media before a hearing has been held on a plea of the statute of limitations. The Society has also submitted a bill to grant immunity to members of duly appointed committees such as utilization, credentials, etc. This will not prevent suits, but may help to deter them and is similar in scope to the "Good Samaritan Act." Other bills have to do with making it easier for a professional to incorporate. Another requests that the Registrar of Motor Vehicles stop issuing M.D. plates to D.O.'s. Still another supports local nursing schools.

Lastly, the MMS has filed a series of bills to inhibit the unscientific cult of chiropractic. One of these will prohibit their use of x-ray and thereby protect the public from needless ionizing radiation. On the local and national scene, your Council has started an allout campaign to educate our legislators on the hazards of chiropractic. May I suggest that you read the book entitled "At Your Own Risk: the Case Against Chiropractic" by Ralph Lee Smith, a science writer. It is available in stores and the AMA, and Penguin Pocket Books has a paperback edition.

If you have stayed with me so far, let me ask you to please write a personal letter to your own legislators opposing chiropractic in general and, especially, their use of x-ray. You might include some comments about other bills in which you have a particular interest. You'll never realize how important this is and, besides, it will make you feel better for living up to another facet of your responsibilities as a physician.

LEGISLATIVE HOPPER

The following are some of the bills under consideration this year in the General Court of Mass. The number of the bill, a brief description thereof, and the recommendations made by the MMS Legislative Committee are given. For more information, Dr. James D. Allan, Chairman of the HDMS Legislative Committee or the Society's office should be contacted.

SUPPORT

S 125 — Providing a state subsidy for municipally and privately owned nursing schools.

S 221 — Clarifying the type of registration to be issued to certain physicians.

S 222 — Abolishing the approving authority for colleges and medical schools and permitting the endorsement registration of certain officers of the armed forces and of the public health service and certain foreign medical graduates.

S 223 — Authorizing temporary registration as qualified physicians under designated circumstances.

S 224 — Granting to the Board of Registration in Medicine the use of expert advice and assistance in devising and conducting examinations.

S 346 — Authorizing the Board of Higher Education to award scholarships to students in order to pursue a course of study in medical technology.

S 664 — Prohibiting the issuance of M.D. license plates to anyone who is not the holder of a degree of doctor of medicine.

S 884 — To increase the fees of the Medical Examiner and Associate Medical Examiner of Suffolk County.

S 919 — To permit medical registration of certain physician formerly in the armed forces and the United States Public Health Service and certain graduates of medical schools outside of the United States.

S 929 — Providing for an investigation and study of the costs of drugs and therapeutical equivalency of generically named drugs with brand name drugs.

S 1101 — Establishing a Board of Registration of Psychologists. The Committee voted to support this bill on the condition that the bill be amended to delete the words "diagnosis, prevention, treatment or amelioration or adjustment, hypnosis," in section 108 which defines the practice of psychology.

H 206 — An act to clarify payments of compensation to medical consultants in state service.

H 207 — An act establishing the Department of Public Health a Massachusetts Poison Information Center.

H 212 — An act authorizing the Department of Public Health to establish a program for the prevention of the disease erythroblastosis.

H 216 — An act relating to preschool learning disability screening and prevention.

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H 1752 — Allowing the submission of blood samples in cases of motor vehicles fatalities.

H 1754 — Lowering the prima facie level of presumption of operating under the influence of intoxicating liquor to ten one-hundredths of the percentage, by weight, of alcohol in the defendant's blood. Note: present level — fifteen one-hundredths.

H 1769 — To establish a medical advisory board for the Registry of Motor Vehicles.

H 1892 — Providing for amendment of the law relating to professional corporation.

H 2214 — Concerning the time for the keeping of hospital records.

H 2220 — Requiring the name of a prescribed drug to appear on the label of each container of such drug unless the prescriber expressly requires that the name of the drug be omitted from the label.

H 2280 — Amending the Professional Corporation Law.

H 2358 — Abolishing charitable immunity as a defense.

H 2375 — To amend the Conflict of Interest Law.

H 2392 — To prohibit the use of domestic or imported eyeglass and sunglass frames made of highly-flammable materials.

H 2393 — (and similar bills) — Relative to protective eyeglass and sunglass lenses.

H 2394 — To improve the rendering of emergency medical care in the Commonwealth.

H 2443 — Increasing the fees of the Medical Examiner and Associate Medical Examiner of Suffolk County.

H 2451 — To regulate research in institutions of the Commonwealth and to protect the general welfare and right of privacy of patients therein.

H 2513 — Requiring seat belts on school buses.

H 2762 — Providing for the earlier destruction of certain hospital records.

H 2764 — To amend General Law, Chapter III, Section 8B, to authorize the Department of Public Health to define an ambulance; to license persons to establish and maintain ambulance services; to regulate the inspection and certification of ambulances; to provide standards and rules and regulations relative to safety, sanitation, equipment, medical supplies, personnel qualification and training, and the keeping of records; to establish a licensure fee and to establish penalties for violation of the licensure fee or certification provisions.

H 2883 — Granting immunity from damages to certain members of medical committees for official actions taken on behalf of the said committee. (Massachusetts Medical Society).

H 2884 — Relative to the hearing of the plea of the Statute of Limitations at the trial of an action of medical malpractice. (Massachusetts Medical Society).

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H 2959 — Relative to the educational requirements of certain professional persons. (Massachusetts Medical Society).

H 2960 — Filed by the Massachusetts Medical Society. "X-ray is removed from the current chiropractic registration law."

H 2962

H 2963

H 2961 — Defining the term "practice of medicine." (MMS Society).

H 3274 — Providing immunity to doctors furnishing information to certain medical agencies concerning medical assistance for the aged.

H 4975 — Requiring an audit on a statistical sample basis of medicaid and certain other bills and repealing the requirement that a copy of such bills be sent to the recipient of services.

OPPOSE

S 163 — Requiring medical reports on certain persons to be made to the Registrar of Motor Vehicles.

S 547 — Extending the statute of limitations in malpractice cases.

S 895 — Authorizing the Board of Registration in Medicine to register, without examination, a certain qualified physician.

H 208 — An act relating to the licensing of clinical laboratories and their personnel.

H 347 — Requiring pharmacists to note on the label of a container of a prescription the chemicals and drugs contained therein.

H 524 — Providing that when a drug is prescribed by brand name its generic or chemical name shall be included in the prescription.

H 1115 — Regulating the number of physicians or hospital administrators who may serve on the board of directors of a non-profit hospital service corporation.

H 1318 — Establishing a drug formulary committee in the Department of Public Health and requiring registered pharmacists to fill prescriptions issued by medical doctors with the least expensive formulatory drugs.

H 1326 — Authorizing the Department of Public Health to establish glaucoma clinics throughout the Commonwealth.

H 1331 — Providing that a minor (12 years or older) who is a drug dependent may be treated by a physician without parental consent.

H 1336 — Relative to the membership of the Board of Registration in Nursing.

H 1541 — To provide for the use of generic drugs for prescription drugs when recommended by the prescribing physicians.

H 1680 — Directing all medical physicians to register annually as such, with fee, to the Board of Registration in Medicine.

H 2036 — Repealing the requirement that physicians and hospitals report chronic users of narcotic drugs to the public authorities.

H 2037 — Providing for the prescription of drugs by their generic names.

H 3840 — Prohibiting a school committee from offering sex education courses below the ninth grade in the public schools.

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As your legislative representatives ponder the thousands of bills which are to be voted on, you can help them to serve you better if you would make your views, recommendations, and comments known to them. Even though a vis-a-vis, personal meeting with your representative is the most effective approach, a well thought out personal letter is the next best way of making your comments welcome. To increase the effectiveness of your letter, observe the following:

1. Be specific and brief;
2. Be friendly and courteous;
3. Be straightforward and sincere, stating particularly how the proposed legislation will affect your community and you;
4. Do not follow form letters or use carbon copies, write each personally and individually stating your own ideas in your own words;
5. Request proper action and ask for an answer;
6. Be appreciative by acknowledging good votes and action;
7. Sign your letters legibly and always include your address.

When writing your legislative representatives, your letters may be directed to their offices. Below is a listing of the areas they represent and where they may be reached.

CONGRESS OF THE UNITED STATES

Senators

Edward W. Brooke, (R)
Senate Office Building
Washington, D.C. 20510

Edward M. Kennedy (D)
Senate Office Building
Washington, D.C. 20510

Congressmen

First District-Silvio O. Conte (R)
House Office Building
Washington, D.C. 20510

Second District -
Edward P. Boland (D)
House Office Building
Washington, D.C. 20510

Ernest A. Byron, Jr.

* * * * * *

SPRINGFIELD

GENERAL COURT OF MASS.

All State Senators and Representatives may be addressed: State House, Boston, Massachusetts-02133

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Second Hampden District (Chicopee, Holyoke, and Ward 1 of Springfield) MAURICE A. DONAHUE, (D)

Hampden and Berkshire District (Agawam, Blandford, Chester, East Longmeadow, Granville, Longmeadow, Montgomery, Russell, Southwick, Ward 3 of Spfld, Tolland, Westfield and West Spfld in Hampden County and other communities in Hampshire and Berkshire Counties) GEORGE D. HAMMOND, (R)

STATE REPRESENTATIVES

First Hampden District (Brimfield, Hampden, Holland, Monson, Palmer, and Wales) ALEXANDER LOLAS, (D)

Second Hampden District (Ludlow and Ward 6 Chicopee) STEVE CHMURA, (D)

Third Hampden District (Wards 7, 8 and 9 Chicopee, and Wards 1 and 2 Holyoke) ROGER L. BERNASHE, (D)

Fourth Hampden District (Wards 1, 2, 3, 4, and 5 Chicopee) MITSIE T. KULIG, (D)

Fifth Hampden District (Wards 1 and 2 Springfield) JAMES J. BOWLER, (D) and ARTHUR J. McKENNA, (D)

Sixth Hampden District (Wards 3, 4 and 5 Spfld.) JAMES L. GRIMALDI, (D) and ANTHONY M. SCIBELLI, (D)

Seventh Hampden District (Ward 6 Springfield and Precincts A and E Longmeadow) ALAN D. SISITSKY, (D)

Eighth Hampden District (Ward 7 Springfield) JOHN P. O'BRIEN, (D)

Ninth Hampden District (Agawam and Precinct 8 West Springfield) WALTER T. KERR, (D)

Tenth Hampden District (Wards 3 and 6 Holyoke) DAVID M. BARTLEY, (D)

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Fifteenth Hampden District (Ward 4 Westfield, Blandford, Chester, Granville, Montgomery, Russell, Southwick, and Tolland) JAMES A. ADAMS, (R)

Sixteenth Hampden District (East Longmeadow and Precincts B, C and D Longmeadow) VERNON R. FARNSWORTH, JR., (R)

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FLUORIDATION: WHY WAS IT DEFEATED?

On November 4, 1969, the voters of Springfield defeated a referendum that would have given the benefits of fluoridation not only to its own children but also to those of several surrounding towns and communities.

No sooner did the tabulations come in when a search began for the why and wherefore of this tragic decision. None were found until very recently when a highly competent study and analysis of the referendum unexpectedly came to light. Its authorship is interesting, to say the least. It was written as a college thesis by Mr. Burt Skvirsky, a senior student at the University of Massachusetts. The title of his paper is, "A STUDY OF THE FLUORIDATION REFERENDUM IN SPRINGFIELD, MASSACHUSETTS: 1969".

Space, unfortunately, does not permit reprinting the manuscript in full; it counts about 25 pages. However, by quoting freely (with the author's permission) a few selected passages, a fair idea of its essence may hopefully be obtained.

From the very first page we cull two sentences which unquestionably set the motif of Mr. Skvirsky's paper: "Just why with all the major medical and dental associations, the newspapers, and the United States Health Department supporting fluoridation, was the referendum in Springfield so overwhelmingly defeated?" . . . "Why does Massachusetts have the dubious honor of vying with Utah and Nevada for the lowest amount of fluoridated water supplies?"

HERE'S HOW IT STARTED

After presenting pertinent background information about Springfield, the nature of its population and its type of government, the author proceeds to describe the basis and origin of the referendum:

"On June 19, 1969, the Springfield Health Commissioner, Dr. John Ayres, ordered fluoride to be put in the city's water supply. Approval was secured from a majority of the eight cities and towns served by the Springfield water system. The boards of health of East Longmeadow, West Springfield, Chicopee, Westfield, and Longmeadow approved it while the boards of health of Agawam, Southwick, and Ludlow opposed fluoridation. The law is set up so that these towns would have to accept it, being in the minority. Dr. Ayres stated that there is a dental epidemic in Springfield of such proportions that

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99% of the children have serious dental problems. By the time a child reaches 16, half of his teeth are decayed. Continuous studies have been made on fluorides and fluoridation since 1945. We are well past the stage where there is any reasonable doubt as to the safety or effectiveness of fluoridated water."

The referendum campaign, as some may remember, was a bitter one, especially on the part of the antis. Some of their arguments would be amusing if they weren't so tragic. "Fluoridation is communist inspired;" "It is poisonous;" "Dr. Spock and Professor Stare of Harvard were bribed to support it;" "It'll put aluminum in your blood;" "The Supreme Court refused to act against it because of beaurocratic pressure;" Fluoridation would spoil the taste of the water;" etc., etc. Drivel of this sort, spread as widely as it was, unquestionably contributed to the downfall of fluoridation in this area.

AN ANALYSIS IN DEPTH

However, for a more profound analysis of this defeat we must turn again to exerpts from Mr. Skvirsky's comprehensive dissertation:

"Reasons for the referendum's defeat in Springfield are varied. Dr. Kinsella, the Health Commissioner of West Springfield said, 'There is so much misinformation going around concerning fluoridation and what it means to the individual, that it easy to understand why it could be easily defeated in a referendum. It is easier to convince people something is bad than good. People generally tend to fear the worst." "Most communities that have adopted fluoridation have done so by administrative or legislative action not subject to voter approval. When voters have an opportunity to express their opinion on fluoridation, they usually reject it" . . . "Referendums to retain fluoridation have been defeated at the polls 65% of the time. Behavioral scientists, such as Stephen Kegeles, have given reasons for this rejection. Anti-fluoridationists have found effective techniques for creating doubts and fears among the electorate. Those in favor of fluoridation have been unable to communicate their supporting evidence in sufficient strength to counteract the dramatic assertations of the opponents. This is probably because voters have a tendency to vote opposition more strongly than conversion to a cause and because many voters are unable or unwilling to make a scientific analysis of the data on fluoridation."

"One of the reasons (of the defeat) is the forceful effects of the Christian Scientists and the John Birch Society which are based nationally in Massachusetts . . ." The John Birch Society circulated pamphlets at supermarkets and door to door, stressing the bureaucratic nature of the Public Health Department . . ."

"Both Springfield newspapers endorsed fluoridation in their editorials. Yet the numerous letters to the editor

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in opposition to fluoridation seemed to weigh very heavily with the voters. An interesting political technique of writing letters to the editor, some bearing the same name as those in other cities throughout the state with fluoridation controversies, has evolved . . ."

"Results have shown that levels of education and income are closely related to attitudes toward fluoridation. In a 5% sample in all precincts in Cambridge, the better educated and the middle and upper class tended to vote for fluoridation. Green and Briggs stated that of 53 communities examined, those supporting fluoridation tended to be smaller, wealthier, better educated, and a higher proportion of children . . ."

Realizing the emotionalism that surrounded the issue most of the local politicians refused to take a stand on fluoridation. Of the councilmen who did take a stand the majority opposed it, perhaps because they sensed its impending defeat. Quoting Mr. Skvirsky again: "Mr. Phil Coulter of the University of Massachusetts Government Department feels that since man is a political animal, the Health Department should have administered a political solution to the problem. When I asked him how viable is the referendum concept, he stated that it is an outdated old New England idea, that no matter what the circumstances, democracy dictates that the people should decide what is best for them. He felt that the candidates should take responsibility rather than give everything to the people to decide. Referendums, he stated, should be held only in Presidential year elections where a massive turnout occurs."

The Springfield Union offered the following explanation for the outcome: ". . . also it was clear that the antis were more vigorous and far better organized in promoting their cause than were the pro-fluoridationists."

LESSONS AND CONCLUSIONS

What lessons are we to learn from Mr. Skvirsky's excellent presentation? What conclusions are we to draw?

For one thing we find that our Commonwealth, a pioneer of many important public health measures, is lagging woefully behind when it comes to the prevention of the dental decay in our children.

Next, we learn that the educational efforts on the part of the medical, dental and public health professions were no match whatever against the avalanche of misinformtion to which our voters were subjected before November 4, 1969.

Finally, it would seem that as long as the "referendum" system remains in force, our only chance of achieving fluoridation in the greater Springfield area, is education. Our task is to educate not only the public but especially our legislators, who unquestionably could have done a great deal during the recent election to influence the voters in the right direction. For this purpose the sponsoring of a medico-lay organization in support of fluoridation might well be in order.

MILLMAN

* * *

P.S. On January 27, 1970 a report of ten years experience with fluoridated water in nearby Hartford showed a 53% reduction in dental cavities and an 85% reduction in tooth loss.

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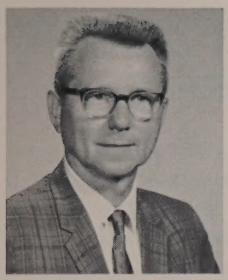

COMPULSORY HEALTH INSURANCE

Decision makers are preparing their speeches and congressmen are preparing new onslaughts on the medical profession. Most of them have a desire to "build their own empires," but some sincerely believe that drastic changes are necessary in regard both to delivery of medical care and to method of payment for same. Arguments in favor of compulsory health insurance will increase in volume and degree. Powerful forces and powerful men favor this method. How do you and I and the AMA feel about this?

A basic premise in the study of political government states that in a democracy the majority desire will ultimately prevail.

One year before Medicare was enacted into law, I received an urgent message from my oldest daughter, recently out of graduate school and recently employed by the California Public Health Department. She was making a plea, based on her observation of majority opinion. "Dad," she said, "the people want this legislation but they would prefer that the medical profession develop it rather than the government. However, they want it and will get it with or without the medical profession's cooperation."

Today most of us would admit that the Medicare legislation is good for the nation, but the nation will never forget that the medical profession fought this issue bitterly. Did this help our public image? Let us not place blame entirely on the AMA. The AMA is composed of you and I and many others. It functions democratically and can be influenced by majority opinion within it's own ranks; however, we must make our opinions known.

The AMA has proposed a tax credit plan based on voluntary purchase of health insurance as an alternate plan. A quick review of the recent HDMS's questionnaire revealed that the majority of the physicians do not understand the

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AMA tax credit plan, and that the majority of our membership believes compulsory health insurance is inevitable. Can we not further assume that the opinions of our district's membership resemble those of other physicians around the country?

The AMA, if we remain silent, will assume that the tax credit plan has your support. With battle lines drawn on a national level, will we again be defeated on an issue that these changing times make inevitable and necessary? Or can we not admit that it is time to replace the old slogan of "share the wealth" with a new slogan of "share the cost"?

If you believe this, make your beliefs known. Write to the President of the AMA. Let us recall a message from Dante's *Inferno* which states: "There comes a time in the lives of men when they must stand up and make their feelings known."

One of the saddest observations I have made during my year as your "observer" has been the lack of united support for the AMA by my fellow physicians throughout the country. Support in a democratic system or organization can best be expressed by open discussion and open communication between the individual members and headquarters. Apathy can easily be assumed to be compliance and agreement with a proposal made by a few, and sometimes, made by but one.

Walter S. Mozden, M.D.

MARK YOUR CALENDAR NOW!

HDMS ANNUAL MEETING, APRIL 28.

HDMS EXECUTIVE COMMITTEE MEETINGS, APRIL 21 AND MAY 19.

MMS ANNUAL COUNCIL MEETING, BOSTON, MAY 20.

MMS ANNUAL MEETING, BOSTON, MAY 26 - 28.

AMERICAN ASSOCIATION OF PLANNED PARENTHOOD PHYSICIANS, BOSTON, APRIL 9 - 10.

AMERICAN BURN ASSOCIATION, BOSTON, APRIL 10 - 11.

AMERICAN SOCIETY OF INTERNAL MEDICINE, PHILADELPHIA, APRIL 10 - 12.

AMERICAN COLLEGE OF PHYSICIANS, PHILADELPHIA, APRIL 12 - 17.

AMERICAN ACADEMY OF PEDIATRICS, WASHINGTON, D.C., APRIL 13 - 16.

AMERICAN SOCIETY FOR MICROBIOLOGY, BOSTON, APRIL 26 - MAY 1.

AMA ANNUAL MEETING, CHICAGO, JUNE 21 - 25.

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HDMS FEBRUARY MEETING

HIGHLIGHTS

The February meeting of the HDMS was held at the Storrowton Tavern, West Springfield, on the third with President Mozden calling the meeting to order at 6:35 p.m. Attendance: 109, including 23 without reservations; 126 made reservations but 40 of these failed to attend and cancel their reservations.

The minutes of September and November meetings were accepted as read.

At this point Dr. Mozden announced the resignation of Dr. Kenneth L. Collard as Vice President and President-Elect and the appointment of Dr. John W. Turner to the position with concurrence of the Executive Committee and the Nominating Committee. Moreover, Dr. John A. Prybylo was appointed as a Councilor to the MMS replacing Dr. Richard V. Paul, who passed away recently. The establishment of a new committee on nursing homes to be headed by Dr. Frank G. Mills was also announced.

COMMITTEE REPORTS

Dr. B. Lincoln Wales reported on the study which the Scholarship Committee was conducting with an eye to establishing more and better HDMS scholarships for Hampden students interested in the various fields of medicine (see February issue of *The Hampden Hippocrat)*.

Dr. James D. Allan, Legislative Councilor, urged all members to make known their feelings regarding proposed state legislation to their local legislators, especially if personally acquainted therewith.

Dr. Walter D. Carver, Chairman of the HDMS Blue Shield Professional Service Committee explained the sys-

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tem currently being used by Blue Shield to pay physician's fees under Medicare and its various contracts (maximum limit of a mean plus one standard deviation based on each physician's profile for a specific procedure). Discussion by those assembled seemed to indicate dissatisfaction as to the method and particularly as to the profiles, the origins of which seemed to be nebulous. When it was brought out that there was a regional difference of about 6 per cent more being payed physicians in the metropolitan Boston area than throughout the rest of the state, the members present voted that there be uniform payment of fees throughout the state with no regional preferences.

Dr. William Beachman, HDMS representative to the MMS Committee on Tax-Supported Medical Care, reported on the progress being made by that committee in ironing out some difficulties with the Medicaid program. He announced that MMS was going to print the first batch of mutually acceptable vendor payment forms for physician services so that those previously issued by the Mass. Dept. of Public Welfare would not have to be used. Secondly, the MMS is intending to hire expert consultants in the field of medical economics to support its claims in developing and supporting usual and customary fees charged by physicians. Dr. Beachman further advised unofficially that the sending of duplicate bills to Medicaid recipients for services to be payed by Medicaid was not necessary; moreover, legislation was being introduced to do away with this mandate based on the Mass. Attorney General's opinion. It was further urged that each physician report on his costs for rendering office care to his patients to HDMS headquarters so that basic data could become available in justifying usual and customary fees.

Dr. H. H. Shuman, Chairman of the Mental Health Committee warned that physicians were "being frozen out of mental health planning in the District."

PHYSICIAN-HOSPITAL RELATIONS

Dr. Charles S. D'Avanzo reported on his Physician-Hospital Relations Committee's work since its inception at the 1969 annual HDMS meeting. His presentation culminated in adoption by the HDMS members present of the following three resolutions as recommended by his committee:

(1) Whereas representation of the medical staff is far from adequate on the board of trustees of most hospitals and whereas the medical staff should have adequate representation to serve the hospital and community more effectively, be it resolved that this medical society go on record as favoring increased representation of physicians in private practice on the board of trustees in the hospitals in Hampden District.

(2) Whereas the hospital has become indispensable in the professional and economic life of most physicians, it is also necessary for the physician to be entitled to due process and a hearing if the physician's staff appointment or privileges are threatened in any way, and the details for this procedure and hearing should be included in writing

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in our medical society and hospital staff by-laws.

(3) Whereas it is recognized that any hospital that engages physicians on a salaried basis and collects and keeps the fees for the physician's services is engaged in the corporate practice of medicine, and whereas this practice is becoming increasingly more prevalent at this time and will eventually affect the professional and economic status of most physicians in this county, be it resolved that every hospital medical staff discuss this problem fully in order to help advise the district medical society to reach more definitive decisions concerning this problem.

At this point the meeting was recessed from 8:45 p.m. until 9:15 p.m. for the collation.

Upon resumption, Mrs. Vivian M. Purdy reported on her attendance at and participation in the Conference for Senior Medical Executives recently held in Chicago under the auspices of the AMA.

PEER REVIEW

Dr. Donald R. Hayes then reported on the AMA's Council on Medical Service's one-day conference on peer review. This was held on November 29, 1969, in Denver, Colorado. He reminded those present that peer review is as old as Hippocrates and consists of physicians actions being reviewed by their equals. Dr. Egeberg was quoted to the effect that peer review is "medicine's own capability at self-evaluation and essential to our continuance as a noble profession," moreover, it is "an opportunity to improve the private practice of medicine." There is a mandate for peer review in Public Law 89-97 and Mr. Thomas Tierney of the Social Security Administration was quoted as saying "the question is not whether effective control over cost, utilization, and quality medicine are attained but by whom." The truth is "if we don't, government will," said Dr. Hayes. Moreover, Mr. Louis A. Orsini of the Health Insurance Council in New York issued a challenge to medicine — lead or follow.

Dr. Hayes felt that there was some overlapping between fiscal and quality care review. "The unnecessary hospital admission or the prolonged hospital stay involves both fiscal irresponsibility and poor quality care. Unreasonable medical charges for quality care are one thing and unnecessary or ill-advised treatments even at bargain rates are another."

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Dr. Hayes further spoke of hospital utilization committees being responsible for quality care review and medical societies for fiscal review. One panel at the Conference went through an actual program wherein all admissions and especially emergency admissions were reviewed not only by physician staff members, but also included a nurse, a medical librarian, and an administrative staff member on the committee. With rotation of these people, peer review should not be so great a chore and would prove to be most educational. Another review panel composed of a local medical society members demonstrated how with a good relative value system over 90% of the claims were payed on merely clerk review with computer use. The remaining few were subjected to peer review before payment.

Dr. Hayes then pointed out the present situation in Mass., wherein the Medical Charges Review Committee of the MMS functioned on fiscal matters on the state level and grievance committees on the local level; however, there seemed to be little, if any, coordination between hospitals in quality review. It seems that we must concentrate more in this matter of peer review and soon.

There being no further business, the meeting was adjourned at 10:00 p.m.

Ayres

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MMS COUNCIL MEETING

HIGHLIGHTS

The stated meeting of the MMS Council was held in Boston on February 11, 1970. Representing HDMS were the following: James D. Allan, Malcolm S. Allan, John C. Ayres, Elmer F. Franseen, Donald R. Hayes, Joseph R. Kelly, Frank G. Mills, and Terry D. Ryan. The meeting was called to order by the President, Dr. Jacob H. Fine, at 10:10 a.m.

After the minutes of the last meeting were accepted as written, the obituaries of two Councilors, including Dr. Richard V. Paul of Hampden, were read and a moment of silence and prayer was observed. Thereupon, the minutes of the last meeting of the Council's Executive Committee were received as informational, and in the interest of expediting the meeting, the Councilors were referred to the President's report as contained therein.

Although the Committee on Public Relations' report signified considerable activity, there seemed to be an indication that more dynamic leadership was needed at the state level. Moreover, even greater activity was needed on the district levels, particularly during these days when the physician's image is being so vigorously impugned by the media of mass communication.

The report of the Committee on Tax Supported Medical Care dealt almost exclusively with the efforts of its subcommittee which is engaged in working out mutually satisfactory relationships with Mass. Medicaid officials — Dept. of Public Welfare and the Rate Setting Commission. A simplified and acceptable physician's billing form has been devised with the MMS agreeing to pay for the printing of the initial batch at a cost of $3,400 to forestall use of the initial controversial forms with

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modifications. Subsequent batches would be provided by the Commonwealth. The major current objective of this subcommittee is the incorporation of the usual and customary fees concept into the Mass. Medicaid program. Such obstacles as the prevailing unfavorable political climate, taxpayer rebellion, legislative processes, executive branch budgetary requirements, and other factors moved the Committee to recommend that the MMS procure expert professional assistance to prepare and present properly documented data to the Mass. Rate Setting Commission as well as other agencies justifying appropriate physician reimbursements. Arthur D. Little, Inc., of Boston was recommended as such an expert firm along with an appropriation of $10,000 as an initial "crank-up" fund. As the contract was discussed, it became obvious that the commitment was indeed "open-ended" financially so that work and payment therefor could attain large proportions before completion. However, upon consideration of what this could mean in terms of annual payments for physician services, it was felt that this would be a sound investment. Hence, the contract with Arthur D. Little, Inc., an initial funding of $10,000 and an authorization to the officers for additional funding as needed, even if a special assessment on the MMS fellows became necessary, were approved. Arthur D. Little, Inc., has already begun its work and hopefully will have appropriate data ready for presentation to the Rate Setting Commission on or about April 30. The Committee also reported that emergency legislation is being sought to repeal the requirement of duplicate billing which stemmed from the Attorney General's ruling.

The Committee on Finance in presenting the 1970 budget for MMS's activities observed that deficit financing could not be tolerated any longer and recommended that the dues be raised to $50.00 per year beginning January 1, 1971. This was ammended to $60.00 per year and approved as such. After much discussion, it was voted to grant the Postgraduate Medical Institute $10,000 for 1970, $9,000 to AMA-ERF, and $6,000 to the Mass. Citizens Committee for Dental Health as recommended by the Committee on Public Health. The total budget as amended and approved is in excess of $350,000.

After presentation of AMA's Certificates of Humanitarian Service to Drs. Joseph W. Gauthier of Norfolk, George A. McCormack of Middlesex South, and Edwin T. Wyman, Jr., of Charles River, for medical service to citizens of South Vietnam, the Council recessed for lunch at 12:10 p.m.

First order of business on reconvening at 1:20 p.m., was consideration of the report of the Committee on Blood Banks. The latter recommended that an

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additional grant of $20,000 be made to the Building Fund of the Mass. Red Cross Blood Program by the MMS. This money would be used as part of a matching fund to a $300,000 challenge pledge by the Hood Dairy Foundation to pay for the construction deficit and the implementation of additional services. The Committee recommended further that this donation could be spread out over 3 years. The Council voted approval and $6,000 for this year's grant.

The resolution pertaining to chiropractic participation in Blue Shield as brought in by the Committee on Member's Insurance Programs was withdrawn and the original as submitted by Dr. James D. Allan of HDMS with an amendment was approved. The latter instructs the officers of MMS to inform the Blue Shield that the MMS is opposed to the inclusion of payments for the services of a chiropractor in the current BC-BS program for Mass. physicians and their families. Moreover, this action is in no way intended to reflect on BS since the matter is beyond the latter's control.

Dr. Ballentine thereupon introduced a resolution authorizing and directing the officers of the MMS to launch a vigorous campaign to the tune of $10,000 in educating the public and legislators against chiropractic and its inclusion under Medicare. In the latter instance 50 millions additional dollars a year would be added to the Medicare burden, for which physicians would undoubtedly be blamed. This resolution was adopted.

Resolutions pertaining to the development of mandatory training standards for all governmental employees rendering first aid at scenes of accidents and for uniform life-saving equipment in all vehicles used by same in responding to emergency calls resulting from accidents were recommended by the Committee on Prevention of Traffic Accidents. These were referred to the Committee on National and State Legislation.

The Committee on Osteopathy's resolutions pertaining to the appointment, on an individual basis, of qualified graduates of osteopathic school of medicine to internships, residencies, and active medical staffs of Mass. hospitals was approved. Likewise approved was the resolution pertaining to membership in the MMS.

It was announced that various resolutions as submitted by Charles River, Middlesex East, Hampden, and Bristol South and as pertains to Blue Shield are to be considered at a special meeting of the Executive Committee of the Council with the Blue Shield Central Professional Service Committee and other representatives from Blue Shield on March 18, 1970.

There being no further business, the Council adjourned at 4:00 p.m.

Ayres

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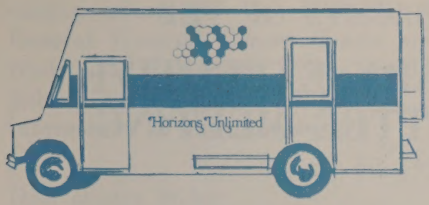

Horizons Unlimited

The Woman's Auxiliary to the Massachusetts Medical Society is sending their Health Careersmobile unit into Hampden District from March 1 through April 14.

It consists of a Travel Lab fitted out with films, slides and printed materials which will be available to anyone interested in the many careers in medicine.

"Horizons Unlimited" will visit many of the area high schools during its six week stay.

Over two hundred careers are described; educational and financial requirements are explained as well as the future financial returns which may be expected.

Plans are being made to spend two days at each school. The longer films will be shown in the school, and the students will be allowed time to visit the unit and request specific information. If the particular pamphlet is out of stock, request postal cards will be provided for filling out and mailing by the student.

The schedule is not complete at this time, but it is tentatively set as follows:

March 5-6 — West Springfield Senior High.

March 9-10 — East Longmeadow Senior High.

March 12-13 — Longmeadow Senior High School.

March 16-17 — Classical High School, Springfield.

March 19-20 — Commerce High School, Springfield.

March 23-24 — Technical High School, Springfield.

March 26-27 — Trade High School, Springfield.

March 30-31 — Cathedral High School.

April 2-3 — Minnechaug High School, Wilbraham.

April 6-7 — Holyoke High School.

April 9-10 — Holyoke High School.

April 13-14 — Westfield High School.

It is our desire not only to provide help for those already interested in a health field, but to spark an interest in some who may not have thought about such fields as yet.

Auxiliary members will staff the unit for the entire period. As usual their response has been most heartening.

We extend a cordial invitation to everyone to drop in for a visit when the unit comes to your community. We regret we are unable to cover more schools but will start where we left off next time.

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HIGHLIGHTS OF THE

FEBRUARY EXECUTIVE COMMITTEE MEETING

The regular meeting of the Executive Committee was held on Tuesday, February 17, 1970, in the conference room of the HDMS. Present were Drs. Mozden, Moore, J. Turner, Stoler, Sullivan, Anton, Hough, Kelly, Boivin and Mrs. Purdy. The meeting was called to order by Dr. Mozden at 8:15 p.m.

Dr. Stoler read the minutes of the January meeting and they were approved as read.

CORRESPONDENCE

An announcement of a Community Health Planning meeting to be held locally was read. Dr. Sears, Chairman of the Public Health Committee, plans to attend. There is also a meeting of the Committee on Area Health Planning to be held by the MMS in Framingham on the same day at the same time. Four physicians from HDMS are to attend.

Mr. Pine and Dr. Levitz of the Holyoke Hospital requested permission to use Dr. Fenn and Dr. Harris, Air Force physicians stationed at Westover, on an emergency basis to take care of otorhinolaryngology patients because of the disability of Dr. Halton for a possible six month period. Dr. Mozden had written giving temporary permission. The Committee voted to endorse this permission. A confirmation will be mailed.

A letter from Mr. John Suchter asking for possible involvement of HDMS in the Inter-hospital Organ Bank was read. It was decided to defer this for one month pending more complete information.

COMMITTEE REPORTS

Dr. Wales, Chairman of the Scholarship Committee, had sent an interim report which was accepted as informational by the Committee and further information from the former committee will be forthcoming at the March meeting.

OLD BUSINESS

Letters from the Ethics and Discipline Committee of the MMS and Dr. John H. Knowles, General Director of Mass. General Hospital, in response to the letters of complaint initiated by the Executive Committee of HDMS regarding the latter's use of "scare tactics" and "unethical advertising" in the fund

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raising effort for the Massachusetts General Hospital Cancer Center were read to the Committee. It was voted to publish these herewith in full for the information of the membership.

January 30, 1970

Dear Doctor Stoler:

The Committee on Ethics and Discipline of the Massachusetts Medical Society met with Dr. John H. Knowles on January 28 concerning the letter of appeal sent from the Massachusetts General Hospital about which you wrote to me on October 28.

On reviewing the correspondence, Dr. Knowles admitted there were portions of the letter which might be misinterpreted and he regrets that this letter happened to be worded in this way. He has received a few complaints at the Hospital and answered each of these personally and has agreed to write to each of the physicians who have complained to the Medical Society. No doubt you will be hearing from him in the near future.

From its discussion with Dr. Knowles, the committee is quite certain there was no intent to alarm lay people or to downgrade or interfere with the fund raising of local hospitals. It has also been assured that every effort will be taken in the future to avoid wording in letters which might be misinterpreted.

Sincerely yours,
Alexander Campbell, M.D.
Chairman,
Committee on Ethics & Discipline

February 3, 1970

Dear Doctor Stoler:

Your letter to Dr. Campbell has been sent on to me, and I appreciate the comments you make in it. I had a very fruitful and constructive meeting with the Committee on Ethics and Discipline and feel that the issue has been resolved satisfactorily. I am sending a copy of a letter that I have sent to Dr. Gephart following my meeting with the committee. I hope that our fund raising has not presented an inordinate difficulty for you, and in the future we shall certainly be happy to review any material with the medical society before it is sent out.

Very sincerely yours,
John H. Knowles, M.D.
General Director

NEW BUSINESS

The resolutions of the Hospital-Physician Relationship Committee as presented at the last HDMS meeting were taken up by the Committee.

Resolution 1 (see page 18).

It was voted that this resolution be passed and sent to the administrators, boards of trustees and officers of each hospital.

Resolution 2 (see page 18).

It was voted that this be sent to the HDMS By-Laws Committee for study and report.

Resolution 3 (see page 19).

It was voted to bring this resolution to the attention of each president of each hospital staff in the district with a request that the Executive Committee

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be advised as to the outcome of their discussions at the earliest possible time. It was further suggested that the President of the HDMS make a progress report at the next HDMS meeting.

Dr. Carver, Chairman of the Blue Shield District Professional Service Committee had presented the following recommendation: "That HDMS go on record that the Blue Shield fee schedule be uniform across the state with respect to specialty and procedure." Following some discussion it was decided to refer this recommendation to the Blue Shield Committee for study and report to the Executive Committee.

Dr. Mozden suggested establishing an ad hoc committee to be known as Peer Review Committee using Dr. Beachman, Chairman of the Tax Supported Medical Care Committee as chairman. It was decided that the president of the staff of each of the ten major hospitals in Hampden District be contacted and asked for a suggestion of a physician to serve on this committee. The HDMS will concern itself with fee review since quality review will be the province of the hospitals and nursing homes.

Dr. Mozden announced that he had appointed another ad hoc committee on nursing homes with Dr. Frank Mills as chairman. The Committee suggested that Dr. Mozden appoint all of the members of this committee.

The Springfield Academy of Medicine has asked if the HDMS would have a joint meeting on May 12, 1970, and invite the Hampden Bar Association to attend. The Committee voted that the HDMS participate and invite a member of the Legal Counsel of the AMA to be the speaker. Dr. Kruger, Chairman of the Malpractice, Medico-Legal Affairs Committee has been contacted and has approved of the meeting. Mr. Kent Smith, President of the Bar Association has also approved and will help to choose the topic.

The meeting was adjourned at 10:35 p.m.

The Committee reconvened as the Grievance Committee and heard five cases. The Grievance Committee adjourned at 11:50 p.m.

THE NEXT MEETING OF THE SPRINGFIELD ACADEMY OF MEDICINE

will be held on
TUESDAY, APRIL 14, 1970 AT 8:30 P.M.

SPEAKER: Joseph S. Krakauer, M.D.
Associate Director of Surgery
Maimonides Hospital of Brooklyn

TOPIC: "Temporary Mechanical Circulatory Assistance in Clinical Coronary Heart Disease"

CLINIC: Wesson Memorial Hospital, 5:00 p.m.

HOSPITAL LEADER REFUTES

To the Editor:

Your editorial in the January issue of *The Hampden Hippocrat*, as far as Massachusetts is concerned, couldn't be more incorrect. While it is true that in some areas of the United States opposition to physicians' memberships on hospital governing boards was a factor in the House of Delegates meeting of the American Hospital Association last August, this item has not been a matter of concern in Massachusetts or, for that matter, in New England. Hence, to include "Massachusetts' hospital leaders in the forefront" in this matter of "indignant righteousness" is to paint these leaders with the wrong brush.

As the presentor of the Massachusetts' resolution which was the subject of discussion, and the only resolution presented by any state, I would inform you that the topic you picked was never once mentioned by Massachusetts. Furthermore, if my information is correct, there are more physicians on boards of trustees in Massachusetts hospitals than in any othe state in the union. Furthermore, as the author of Region I's reaction to the Proposed Standards to Accreditation, the question of physicians' board membership was also never mentioned. The Massachusetts hospitals' and, in fact, New England's objection to these standards is an entirely different matter. I shall no go into detail regarding these objections but they are a matter of public record and can easily be obtained.

I am only writing you this letter because I believe that those physicians belonging to the Hampden District Medical Society should be well aware that the hospitals' opposition to the proposed standards is based on an entirely different set of facts than those which you presented in your editoral.

Harry C. F. Gifford
Executive Vice President & Director
Springfield Hospital Medical Center

Editor's Note: If what Mr. Gifford states in his letter is indeed true, then according to some reporters (1 and 2) covering the AHA House of Delegates meeting of last August, the Mass. resolution became the vehicle upon which was tacked the issue of physician representation on hospital governing boards.

(1) New J.C.A.H. Standards Attacked at 1969 A.H.A. Annual Meeting. Modern Hospitals 113:33-34 (September) 1969.

(2) A.H.A. House Puts Association on Calendar Year Basis. Hospital Topics 47:24-25 (September) 1969.

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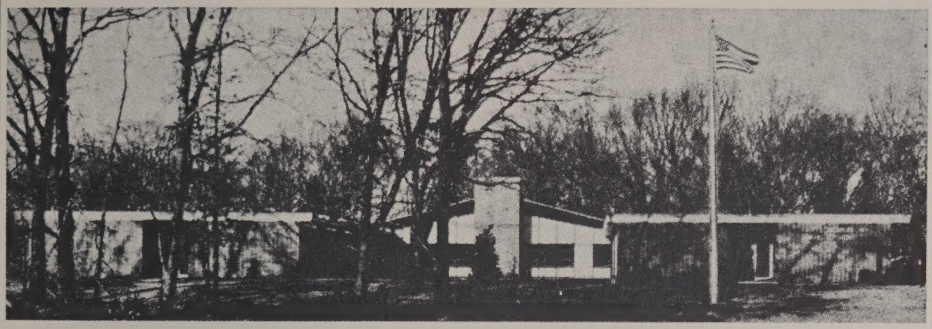

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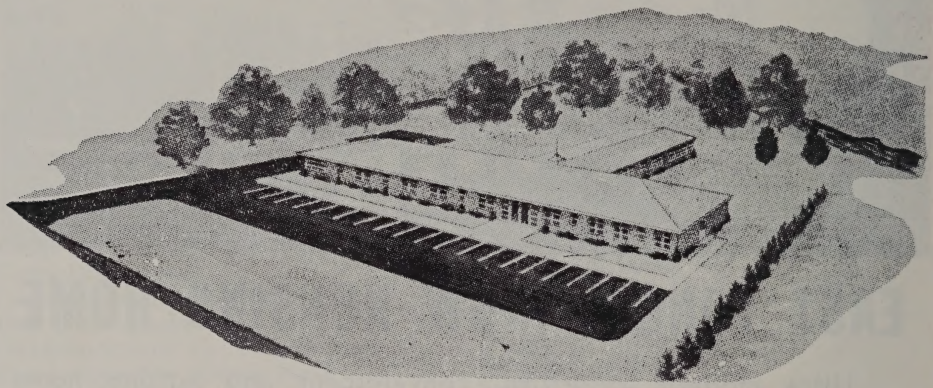

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